



## Voluntary Contributions to Annuity Savings Account

State Form 50895 (4-02)

Approved by the Indiana State Board of Accounts 2002

Indiana State Teachers' Retirement Fund  
150 West Market Street, Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Home Page: <http://www.in.gov/trf>

### PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

### INSTRUCTIONS:

1. Please **TYPE** or **PRINT**.
2. Complete all information.
3. Return the completed form directly to your payroll administrator.

### MEMBER INFORMATION

Social Security Number	TRF Number	Date
First Name	MI	Last Name
Address		
City	State	ZIP Code

### VOLUNTARY CONTRIBUTION

- These contributions are limited to ten-percent (10%) of your compensation per pay period.
- These contributions do not affect your three-percent (3%) mandatory employee contribution.
- These contributions are post-tax and remain as taxable income for tax purposes.
- This contribution level direction may be changed at any time in the future.

PLEASE SELECT THE ADDITIONAL PERCENTAGE OF COMPENSATION THAT YOU WISH TO CONTRIBUTE TO YOUR ANNUITY SAVINGS ACCOUNT ALONG WITH YOUR THREE-PERCENT (3%) MANDATORY CONTRIBUTION: (DARKEN THE CORRESPONDING CIRCLE)

1% <input type="radio"/>	2% <input type="radio"/>	3% <input type="radio"/>	4% <input type="radio"/>	5% <input type="radio"/>
6% <input type="radio"/>	7% <input type="radio"/>	8% <input type="radio"/>	9% <input type="radio"/>	10% <input type="radio"/>

### ENDING VOLUNTARY CONTRIBUTIONS

I hereby elect to cease making voluntary contributions to my annuity savings account.

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### SIGNATURE

I hereby revoke any previous voluntary contribution directions.

I understand that these voluntary contributions are post-tax and remain as taxable income for tax purposes.

Signature	Date
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**RETURN THIS FORM DIRECTLY TO YOUR PAYROLL ADMINISTRATOR.**